EXPORT-IMPORT BANK OF THE UNITED STATES

NOTICE OF CLAIM AND PROOF OF LOSS
BANK EXPORT CREDIT INSURANCE POLICY

Please send this completed form to :
Export-Import Bank of the U.S., Asset Management Division
811 Vermont Ave., NW, Washington, DC 20571   (202) 565-3600

Date Received: _____

Claim No.: _____

SECTION A.   NAMES AND ADDRESSES (please provide full names and addresses)

A.1 Insured	A.4 Issuing Bank
Contact: Phone: Fax:	Contact: Fax: Phone: Telex:
A.2 Broker ☐ None	A.5 Other
Contact: Phone: Fax:	Contact: Phone: Fax:
A.3 Exporter Contact: Phone: Fax:	

SECTION B.   CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D; ☐ E; ☐ F; ☐ G; ☐ H;

2. the amount claimed is presently owing by the Issuing Bank;

3. there are no unresolved documentary credit disputes between the Insured and the Issuing Bank on any outstanding insured transactions;

4. it has not made any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the Issuing Bank (☐ None);

5. the obligation has been authenticated by tested telex or other means specified by the credit agreement or other documented agreement between the Issuing Bank and the Insured;

6. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.

7. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the Issuing Bank.

Name:_____   Title: _____

Date:_____   Signature:_____

SECTION C.   RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy _____ on the proof of loss dated _____; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be signed this_____day of _____, _____.

_____
(Name of Insured)

By:_____   Name and Title:_____
(Signature)   (Print)

State of _____   County of _____

I,_____a notary public in_____ and for the aforesaid County and State, do hereby certify that on this day, before me personally

came _____to me known, who, being duly sworn, did depose and say that he/she

is the_____ of_____, the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this_____ day of_____,_____.

_____
Notary Public Signature

(Seal)

SECTION D.   POLICY INFORMATION

| Policy No.:_____
Effective Date:_____ | IBCL Amount:_____ | Endorsement No.:_____
Date Premium Paid:_____
Pre-presentation:_____
Insured Transaction:_____ |

SECTION E.   CLAIM INFORMATION

| Date of First Presentation of Documents:

The Issuing Bank's Obligation is Based On:
☐ Sight payment
☐ Deferred payment
☐ Acceptance of drafts
☐ Negotiation
☐ Refinancing of a sight letter of credit

Terms of Letter of Credit:

First Default Date: | Policy Provision Claimed Under Article 2:
☐ Risk 1
☐ Risk 2
☐ Risk 3
☐ Risk 4
☐ Risk 5

Was pre-presentation agreement elected?
☐ Yes   ☐ No

If yes, date of Bank Commitment: |

SECTION F.   CLAIM DOCUMENTATION

1. Letter of Credit   ☐ Enclosed

2. Exporter's Certificate   ☐ Enclosed

3. ☐ Evidence of Payment   ☐ Acceptance   ☐ Negotiation by Insured   ☐ Enclosed

4. Credit Agreement   ☐ Enclosed

5. Confirmation of Presentation to Issuing Bank   ☐ Enclosed

6. Documents showing written demand on Issuing Bank   ☐ Enclosed

7. Any other related correspondence   ☐ Enclosed

8. Transport Document   ☐ Enclosed

9. Invoice   ☐ Enclosed

10. Evidence of Bank Commitment (only if pre-presentation agreement
    was elected)   ☐ Enclosed

A. Have any funds been received from the Issuing Bank which are available to offset claim amounts?

    ☐ Yes   ☐ No

    If so, how much?_____

B. Use the space provided below to add any comments you wish to make regarding this claim including
    a summary of the events leading up to this claim.

SECTION G. SCHEDULE OF TRANSACTIONS

All outstanding insured transactions with this Issuing Bank must be scheduled and included with this claim whether or not they are presently eligible for coverage.

If transactions were made in more than one policy year please complete a separate Schedule G for each policy year.

Policy Year_____ _____ _____ to _____ _____ _____
    Month   Day   Year   Month   Day   Year

	ALL CLAIMS						TRANSFER	RISK ONLY	
L/C Number	Transac-tion Date	Transaction Amount	Terms	Due Date(s)	Partial Payment	Transactions Reported	Date of Debit	Amount	Deposit Within 90 Days?	
									Yes	No

Total Insured outstandings: _____

Are there any uninsured amounts with this Bank? ☐ Yes ☐ No

If so, please indicate how much $_____

SECTION H.   CALCULATION OF ELIGIBLE LOSS

Total principal amount outstanding under insured transactions: $_____

Please check the coverage which was elected under the policy:

☐ Fixed Rate   ☐ Floating Rate

(+) Plus interest at_____ to maturity dates: _____
         (credit agreement rate)

(+) Plus interest at_____from maturity date to 180 days after maturity date: _____
         (credit agreement rate)

Please enclose interest calculations for the above.

(-) Minus

a. Total payments: (_____)

b. Other credits and allowances: (_____)

c. Funds received from any other source: (_____)

Net Loss: $_____

Net Loss x Coverage_____% $_____
                    (eligible loss)